



# PEACE OFFICER STANDARDS AND TRAINING (POST)

## Medical Exam Report

### Felony Probation and Parole Officer

Applicant's Name: \_\_\_\_\_  
Last First M. I.

POST ID # \_\_\_\_\_  
Last 4 of SSN 1st 4 Letters of First Name Day of Birth

**To the Applicant:** POST Rules require a complete medical examination be performed by a Licensed Physician or his designee. The medical exam is only valid for one year. It is **your** responsibility to make sure all medical forms are completed thoroughly and signed in the appropriate places.

**Complete the Health Questionnaire (Form BP-8) and present to your physician for review.**  
**Leave the Health Questionnaire (Form BP-8) with your physician.**

**To the examining Physician:** The above named applicant has chosen a career as a Felony Probation and Parole Officer. Please check one box.

- ☐ I have reviewed the submitted Health Questionnaire (Form BP-8)
- ☐ The applicant did not provide a completed Health Questionnaire (Form BP-8).

A thorough medical examination is required to determine if the applicant is free from any physical, emotional or mental condition, free of any signs/symptoms of communicable disease likely to infect others in a training environment or any other condition which might adversely affect the applicant's ability to train or perform the duties of a Felony Probation and Parole Officer.

Officers are required to participate in vigorous self-defense and physical development exercises during training. **In your medical opinion, does this applicant have the level of physical ability to complete the following?**

**Acting alone, this applicant must be able to:**

Apply use of force continuum	Search offenders, patdown /strip
Arrest offenders	Search residences
Conduct home contacts	Serve as duty officer
Drive in hazardous conditions	Train new Felony Probation and Parole Officers
Identify methamphetamine labs	Transport offenders
Investigate Requests for Investigation from other states, parole plans	Use deadly force
Monitor offender behavior	Use defense tactics
Observe offender behavior	Use handcuffs/waist chains/leg restraints
Obtain urine analysis	Use OC (pepper-oil) spray
Practice officer/public safety	Use police radio
Provide for offender safety	Use verbal commands
Qualify with firearm	

**PHYSICAL ABILITIES:** Static, dynamic trunk strength, extension and dynamic flexibility, manual and finger dexterity, arm-hand steadiness, gross body coordination, speed of limb movement and mobility, observation skills

**WORK LONG HOURS IN:** darkness, remote areas, hot and cold weather, while seated, standing, bending, reaching, pushing, kneeling, pulling, lifting, turning and standing, turning and sitting, crawling, handling and feeling: emotionally disturbed and hostile people.

**Please initial the appropriate area:**

\_\_\_\_\_ I have examined the applicant and, in my opinion, the applicant **IS** physically able to perform the full duties required of an officer, in training or in the field, as outlined above.

\_\_\_\_\_ I have examined the applicant and, in my opinion, the applicant **IS NOT** physically able to perform the full duties required of an officer.

\_\_\_\_\_ In my opinion, the applicant **IS NOT NOW** physically able to perform the full duties required of an officer. To become physically able to perform the duties required of an officer this person must:

**Signature of Examiner** **Date of Exam**

Printed Name of Examiner

**IMPORTANT! Type or stamp Physician's name, address, telephone number below:**